

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO. **107089229**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1													
2		1					51							
3		2		2			52							
4		1		1			53							
5		1		1			54							
6		1		1			55							
7		1		1			56							
8		1		1			57							
9		1		1			58							
10		1		1			59							
11		1		1			60							
12		1		1			61							
13		1		1			62							
14		1		1			63							
15		2		2			64							
16		1		1			65							
17		1		1			66							
18		1		1			67							
19							68							
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46							95							
47							96							
48							97							
49							98							
50							99							
							100							
TOTAL IND.	1		1				TOTAL IND.							
TOTAL DEP.	14		28				TOTAL DEP.							
TOTAL CLAIMS	20		29				TOTAL CLAIMS							

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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